

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028969

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 79

STATE FILE NUMBER

FILED JUL 22 1963

## 1. PLACE OF DEATH

a. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Rook

Length of stay in lb  
Accident

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION near Arnold, Mo.

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Michigan b. COUNTY Washtenaw

c. CITY OR TOWN Ann Arbor

d. STREET ADDRESS (If outside, give location)  
201 West Summit

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First Middle Last  
Cleophas Johnson

4. DATE OF DEATH  
Month Day Year  
7-7-63

## 5. SEX

M.

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Dec 27, 1940

## 9. AGE (last birthday)

22  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Porter

10b. KIND OF BUSINESS OR INDUSTRY  
none

11. BIRTHPLACE (City and state or country)  
Parkin Ark

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Robert Lee Johnson

## 13b. MOTHER'S MAIDEN NAME

Dollie Mae Nettles

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

Dollie M. Whitfield Wynne, Ark

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple Fractures & Internal Injuries

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

PASSENGER ON BUS THAT LEFT

## 20c. TIME OF INJURY

Hour Month, Day, Year  
4:50 7-7-63

Pavement.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Highway.

## 20f. CITY, TOWN, OR LOCATION

Rock Twp. Jeff.

Mo.

## 21. I attended the deceased from [Redacted] to [Redacted]

Death occurred at 4:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)  
James C. [Redacted]

## 22b. ADDRESS

Jefferson, Mo.

## 22c. DATE SIGNED

7-7-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

July 7, 63

## 23c. NAME OF CEMETERY OR CREMATORY

Locust Grove Cem.

## 23d. LOCATION (City, town, or county)

Parkin Cross, Ark

## 24. FUNERAL DIRECTOR

ADDRESS  
Heiligttag--Imperial, Mo.

## 25. DATE RECD. BY LOCAL REG.

7-15-63

## 26. REGISTRAR'S SIGNATURE

[Redacted]

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

JUL 23 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elmer H. Hight

Licensed Embalmer No. 3571

P. O. Address Imperial MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.